

Instructions for USAR Fm 141-R (test)

Date of Request: Fill in actual date the request is being generated

Requestor Contact Information:

Name: Person completing the request (Required)
Phone: Phone number of the person completing the request (Required)
E-Mail: Requestor AKO e-mail address
Unit: Name of unit requesting the ICTB
UIC: Unit identification code of requesting unit
Position Title: Position title of requestor

Provider ICTB Needed For:

Name: Name of Provider the ICTB that will perform the duty. (Required)
SSN: Must be completed. (Required)
Phone: A current phone number for the provider (Required)
E-mail: A current e-mail address

Duty Dates: Completed with (ddmmyyyy) start and end

Duty AOC: Required (if different from assigned AOC please note)

Duty location: (Required) Boots on Ground and unit of assignment

Duty Purpose: Only choose one

Privileging Facility: (Required) Name and UIC

Point of contact: POC at privileging facility

This form needs to be complete in its entirety!
When completed this form is FOUO

NOTE: The test period for this form will expire when the final version is published in a permanent USAR publication.